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From:	Robert D. Atkins	602.229.5690	602.229.5311
Re:	USSN: 10/023,556 Corman et al.		

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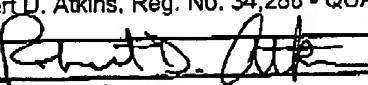
**TRANSMITTAL  
FORM**

*(to be used for all correspondence after initial filing)*

Application Number <b>10/023,556</b>	Filing Date <b>December 17, 2001</b> First Named Inventor <b>Steve Corman</b> Art Unit <b>2655</b> Examiner Name <b>Wozniak, James S.</b>
Total Number of Pages in This Submission	<b>19</b>
	Attorney Docket Number <b>112624.00052</b>

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Remarks</div>	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Robert D. Atkins, Reg. No. 34,288 - QUARLES & BRADY STREICH LANG LLP		
Signature			
Date	November 25, 2005		

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Robert D. Atkins		
Signature			
	Date	Nov. 25, 2005	

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<p align="center"><b>FEE TRANSMITTAL</b> <b>For FY 2005</b></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><b>TOTAL AMOUNT OF PAYMENT</b> (\$ 500.00)</p>		<b>Complete if Known</b>	
		Application Number	10/023,556
		Filing Date	December 17, 2001
		First Named Inventor	Steve Corman
		Examiner Name	2655
		Art Unit	Wozniak, James S.
		Attorney Docket No.	112624.00052

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
	- 20 or HP =	0	x	= 0	Fee (\$)
	HP = highest number of total claims paid for, if greater than 20				Fee (\$)
	Indep. Claims	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>
	- 3 or HP =	5	x 100	= 500	Fee (\$)

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

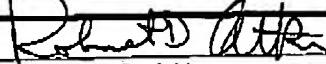
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  
 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	<u>Fees Paid (\$)</u>

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other:

<b>SUBMITTED BY</b>		<b>Registration No. 34,288</b>	<b>Telephone 602-229-5311</b>
<b>Signature</b>		(Attorney/Agent)	Date Nov. 25, 2005
<b>Name (Print/Type)</b>	Robert D. Atkins		

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

NOV 25 2005

Applicants : Corman et al.  
 Application No. : 10/023,556  
 Date of Filing : December 17, 2001  
 Title : *METHOD FOR MINING, MAPPING AND MANAGING ORGANIZATIONAL KNOWLEDGE FROM TEXT AND CONVERSATION*  
 Confirmation No. : 2663  
 Examiner : Wozniak, James S.  
 TC/Art Unit : 2655  
 USPTO Customer No. : 26707  
 Attorney Docket No. : 112624.00052

**RESPONSE UNDER 37 C.F.R. §1.111**

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

In response to the Office Action dated August 25, 2005, Applicant(s) respectfully request the Examiner to reconsider and further examine the Application in view of the amendments and/or comments as set forth below.

Amendments to the Specification: None.

Amendments to the Claims: Begin on page 2.

Amendments to the Drawings: None.

Remarks: Begin on page 14.

11/29/2005 MBINAS 00000021 170055 10023556  
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